

Date: 7/15/04

Unit: AT

To: Donald Mosher

Reg. #: 10924-052

Your case has been reviewed by our Utilization Review Committee and the decision was:

approval for liver biopsy



H. BEAM, MD
FCI MCKEAN

000400

FCI McKeanInmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald Moshier
(Nombre) 10924-052

2. Reg. Number: 10924-052
(Numero de Registro) 4/21/04

3. Date: 4/21/04
(Fecha) AB

4. Housing unit and Unit Team: AB TEAM: A B C D
(unidad y equipo de la unidad)

5. Complaint, What is your problem?
(Queja). (Cual es su problema?)

6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days _____ Months _____ Years _____
(Dias) (Meses) (Anos)

7. Are you on any medication(s) at present? Yes _____ No _____
(Esta usted tomando alguna(s) medicinas actualmente?)

8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescripcion en la Comisaria?)
Yes _____ No _____

9. Signature _____
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date seen: You missed your appointment this
AM. I'll reschedule you

11. Time seen: for 5/19/09 @ 0830 AM

12. Subjective: in the meantime

13. Objective: Temp: _____ Pulse: _____ Respirations: _____ B/P: _____

14. Appointment Date: _____ Appointment Time: _____ AB

15. Triage Personnel's Signature: _____

H. BEAM, MD
FCI MCKEAN

000401

P-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>4/6/04</i>
FROM: <i>DONALD C Moshier JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>Med Cnassigned</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

First off I need to know when I'll Be seeing you this month
Also when will I have another Alt and or a viral load test done.
Also my medical cnassigned pass run out. Now I need one today
4/6/04, I'm not working, my back and hip bother me so much
that I'm in pain constantly also I'm right now waiting for my
Disability papers from S.S office, and my lawyer plus I've
been having a lot of pain in my right side and my piss
is the color of Red tea, also my medication is run out
no more Refills, Tetracycline HCL 500 mg, and Ranitidine 150 mg
They both run out on the 18th of this month

"Please Response" THANK YOU

(Do not write below this line)

DISPOSITION:

Appointment 4/21/04
OFF WORK SLIP - Done

Signature Staff Member

Date

R. Beam, MD
FCI MCKEAN

Record Copy - File; Copy - Inmate
 (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
 and BP-S148.070 APR 94

000402

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dil Beam	02/11/04
FROM:	REGISTER NO.:
Donald C Moshier Jr	10924-052
WORK ASSIGNMENT:	UNIT:
med un	AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

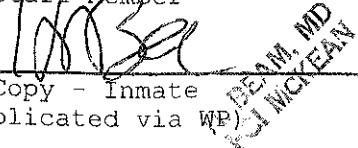
WHEN WILL I BE GETTING A VIRAL LOAD AND
A LIVER BIOPSY DONE, I KNOW THAT YOU TOLD ME
A COUPLE OF TIMES THAT I WOULD BE GETTING IT
DONE, BUT SO FAR NOTHING, NOW I WAS JUST HERE
TODAY AND HAD BLOOD DRAWN FOR A LIVER FUNCTION, BUT
I'VE HAD THAT DONE ONCE ALREADY, WILL YOU PLEASE LET
ME KNOW,
Please Respond. THANK you.

(Do not write below this line)

DISPOSITION:

If your "ALT" liver function test
 remains high over a period of time,
 then we proceed to viral load etc
 and liver Biopsy. Patience.

Signature Staff Member


 A handwritten signature in black ink, appearing to read "Dil Beam, MD". Below the signature, the text "DIL BEAM, MD" is printed in a smaller, sans-serif font.

Date

2/13/04 000403

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>02/11/04</i>
FROM: <i>Donald L Moskien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>Med Cll</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

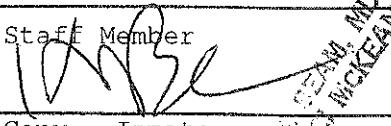
I would like to know if you could help me get a pair of boots that have tread on them because the one's I have don't have any and I滑倒 and hurt my back again, plus the boots I do have hurt my feet bad could you please help me, I know that they have some new boots over in laundry that have really good tread and a good arch in them, I wear a size 12 again please respond, and thank you,

(Do not write below this line)

DISPOSITION:

I have no control over which type of boot laundry hands out if your feet need to be looked at: make a sick call atm

Signature Staff Member


 A handwritten signature in black ink, appearing to read "W. J. Beam".

Date

*2/13/04**000404*Record Copy - File; Copy - Inmate
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR Beam	DATE: 1/5/04
FROM: DONALD C Moshier JR	REGISTER NO.: 10924-052
WORK ASSIGNMENT: Medical Unassigned	UNIT: AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

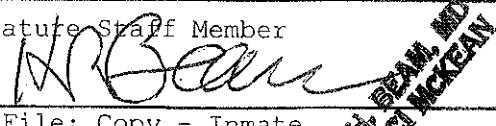
Now that you sent me a paper saying that I can and will be vaccinated against Hep A over two weeks ago, I'm wondering now if and when I'm going to receive this, or is it just another delay tactic or brush off or so that your records look good even though nothing is really being done, or can you please give me a time and date when I'll receive the Hep A vaccination, also I would like to know when I'll be able to come and talk to you, because I'm really feeling poorly, this is not no joke to me, this is my life I'm talking about, and I still have 9 years left to do in prison before I can seek real medical help, why I say that is because I still don't feel like I'm getting any in McKean prison, please respond to this A.S.A.P THANK you.

(Do not write below this line)

DISPOSITION:

- We talked at mainline today
- You will receive the Hep A vaccine as soon as it arrives through the pharmacy
- Your next chronic care visit should be 1/23/03
@ 12⁰⁰

Signature Staff Member


 DR BEAM M
FBI MCKEAN

Date

1/6/04

000405

FCI McKean
Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald mosher
2. Reg. Number: 10924-052
3. Date: 12/22/03
4. Housing unit and Unit Team: AFB TEAM: A B C D
 (unidad y equipo de la unidad)
5. Complaint, What is your problem?
 (Queja). (Cual es su problema?)

6. How long have you had this problem?
 (Durante cuante tiempo ha tenido este problema?)
 Days _____ Months _____ Years _____
 (Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No _____
 (Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
 (Ha comprado medicinas non-prescripcion en la Comisaria?)
 Yes _____ No _____
9. Signature _____
 (Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL

10. Date seen: We are ordering The hepatitis A
11. Time seen: Vaccine and you will receive
12. Subjective: The Senvi soon
13. Objective: Temp: _____ Pulse: _____ Respirations: _____ B/P: _____
W. BEAM, MD
FCI MCKEAN
14. Appointment Date: _____ Appointment Time: _____
15. Triage Personnel's Signature: _____

000406

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr. Beam</i>	DATE: <i>12/10/03</i>
FROM: <i>DONALD L. MASHIER JR.</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>None</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I'm requesting to be vaccinated for Hep A, you have already did the blood work to see if I've been vaccinated for Hep A, and I have not I do have Hep C, so I do need to be vaccinated for Hep A, ASAP

Please respond

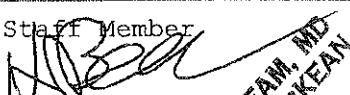
(Do not write below this line)

DISPOSITION:

I will present your request to the utilization review committee

000407

Signature Staff Member



Date

12/10/03

Record Copy - File; Copy - Inmate
(This form may be replicated via ~~WECF~~)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>12/10/03</i>
FROM: <i>Donald L Mosher Jr</i>	REGISTER NO.: <i>10924 - 052</i>
WORK ASSIGNMENT: <i>None</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would still like to know when I'm going to have a liver biopsy done, so I can be treated for Hep C. I feel that I'm just being stalled and being told that, don't worry you'll be treated. But still nothing is being done whatsoever, will you please let me know why nothing is being done and why I'm being stalled and why I have not had a liver biopsy done yet,

Please Respond

(Do not write below this line)

DISPOSITION: Bureau Hep C guidelines suggest monitoring the ALT & if it remains high, move to a liver biopsy. That is the stage you are at.

Signature Staff Member

W. Beam, Jr.
W. BEAM, JR.
FCI NICKEL

Date

12/10/03

000408

COPY 1 AND 2 OF 3

BP-S148.055 INMATE REQU. F TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR Beam	DATE: 11/18/03
FROM: Donald L Moshier Jr	REGISTER NO.: 10924-052
WORK ASSIGNMENT: Medical Unassigned	UNIT: AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I know that you told me that I would receive treatment for my Hep C. How even I want to know when do you plan on getting a liver biopsy done and a viral load HCV-RNA PCL to determine what my level of the virus is, also a GENO type, is it going to be in a week, month, 6 months year or longer. Please give me some dates because I feel that the longer I'm put on hold the worse I'll get and then won't be treatable, and I have the feeling this is what is happening,

Please respond.

(Copy 1 and 2 of 3)

(Do not write below this line)

DISPOSITION:

I hit a snag getting your viral load done; we'll check LFT's for now. You will not miss the window of opportunity for treatment if you end up needing it. If you need it, it will happen.

Signature Staff Member

H. BEAM, MD
FCI MCKEAN

Date

11/18/03

000409

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

MOSHIER, Donald
Reg. No. 10924-052
MCK 314442-F2

PART B - RESPONSE

This is in response to your Request for Administrative Remedy received in my office on October 27, 2003, in which you claim deliberate indifference, and delay in proper medical treatment. Specifically, you request immediate treatment for hepatitis C.

An investigation of your complaint reveals you requested testing for hepatitis C, September 3, 2003, while at sick call. You reported a history of intravenous drug use and unprotected sex and the study was ordered. Your test returned positive for hepatitis C, September 16, 2003. You were placed on chronic care clinic and was evaluated by the medical officer October 16, 2003. Additional blood work was ordered during that visit. Once all lab work is complete, you will be treated following the guidelines for hepatitis C treatment set forth by the medical director of the Bureau of Prisons. There is no evidence of deliberate indifference or improper care.

Based on this information, your Request for Administrative Remedy is denied.

In the event that you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP-DIR-230 to the regional director.

11-14-03
Date


John J. LaManna, Warden

ALL SENSITIVE

000410

WARDEN'S OFFICE

WARDEN'S OFFICE

Type or use ball-point pen. If attachments are needed, copy your copies. Additional information on reverse.

From: Mosher Jr Donald Leroy 03 OCT 03 09 2003 PM 3:28
 LAST NAME, FIRST, MIDDLE INITIAL 03 OCT 2003 PM 3:28
 REG. NO. 03 OCT 27 PM 3:28
 UNIT FCI MCKEAN
 INSTITUTION

Part A- INMATE REQUEST

I Reiterate and Incorporate By Reference each and every Allegation Heretofore made as set forth in my BP-8. Further more making it clearly obvious I HAVE Complained That I'm in PAIN THAT effects my daily FUNCTIONS, Flu like Symptoms muscle and joint pain Fatigue pain under my right Rib HD urine that has been as DARK AS Coffee. Rather then call me down for a compleat. To determine what's wrong - I'm put off for 2 weeks - if I had a cold it'd be seen in 1 week something serious like this and I'm delayed. This is Deliberate Indifference to a serious medical Need A Violation of my 8TH AND 14TH Amendment guaranteed By the Constitution! I request to experience NO more delays - To HAVE a Liver Biopsy done a Liver profile and to be VACCINATED for Hepatitis A

10/8/03

DATE

Donald C Mosher Jr

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 314442

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

000411

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

ADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Before filing a BP-9 ("Request for Administrative Remedy"), you MUST attempt to informally resolve your complaint through your Correctional Counselor. Briefly state your complaint in "1" below and in "2" list what efforts you have made to informally resolve the complaint (state names of staff contacted).

This Informal Resolution Form was issued by MORELLO, Correctional Counselor, on
To:

INMATE: Donald L Mosher Jr REG. NO. 10924-052 QUARTERS: AB

1. COMPLAINT: Since I've Been Here At FCI McKEAN, I Have Been Complaining To Medical That I Have Hepatitis C. It's Been More Then A Year Now And Finally They've Given Me A Blood Test That Confirms What I've Been Telling Them, Medical At FCI McKEAN Has Failed To Follow - Cont. Next Pg

2. EFFORTS MADE TO INFORMALLY RESOLVE & STAFF CONTACTED: TALKED TO NUMEROUS PA'S About my Hepatitis C, AND Need To Be Monitored AND Treated.

Donald L Mosher Jr
INMATE'S SIGNATURE

10924-052
REG. NO.

DO NOT WRITE BELOW THIS LINE

CORRECTIONAL COUNSELOR'S COMMENTS

DATE RECEIVED FROM INMATE: 10-2-03

EFFORTS MADE TO INFORMALLY RESOLVE & NAMES OF STAFF CONTACTED: DR. BEAM WAS CONTACTED AND CONFIRMED THAT YOU HAVE HEPATITIS C. YOU HAVE BEEN SCHEDULED TO BE EXAMINED ON 10/16/03 @ 1230. YOU ARE TO BE REASSURED THAT IF YOU DO, IN FACT, NEED TREATMENT, YOU WILL RECEIVE IT.

DATE () INFORMALLY RESOLVED or () BP-9 ISSUED (check one): _____

D. Morello 10-03-03
COUNSELOR'S SIGNATURE

DISTRIBUTION: A. IF INFORMALLY RESOLVED: Forward original to Warden (Attention: Warden's Secretary)
B. IF BP-9 ISSUED: Forward original (attached to BP-9) to Warden (Attention: Warden's Secretary).

CODE MUST BE SUPPLIED BY DEPARTMENT HEAD OR DESIGNEE BEFORE GIVING TO WARDEN'S SECRETARY

CODE: _____

000412

Continued From page (1) the Bop's policy By placing me on chronic care AND By monitoring my blood periodically TO This Date they still haven't given me a liver profile test to see what my ALT levels are. They purposely delaying/avoiding working up lab tests SO they don't have to treat me. allowing my disease to progress, I am in PAIN THAT effects my daily functions, Constantly feel like I have the flu muscle and joint pain, fatigue, and pain under my right rib - sometime my urine is as dark as coffee. There's an FDA approved treatment for this disease - this disease can be fatal yet the Bop at FCI McKean are doing NOTHING for me. I am in FEAR of my life because they are taking NO interest what so ever, AND are not offering me this treatment - ALSO I have requested to be VACCINATED against Hepatitis A - But am being DENIED.

Request - treatment to begin with out anymore delays - to have a liver biopsy to see what stage of the disease I've progressed to AND to see if I qualify for treatment AND to be VACCINATED for Hepatitis A.

Donald Leroy Moshier Jr.
Reg# 10924-052
Donald Leroy Moshier Jr.



FEDERAL BUREAU OF PRISONS
m e m o r a n d u m

FCI McKean, Pennsylvania

DATE: November 5, 2003
Rose
REPLY TO: Rose
ATTN. OF: Rosemary Dean, Warden's Secretary

SUBJECT: Administrative Remedy (BP-9)
MCK 314442-F2

TO: Rodney Smith, HSA

Please investigate the attached Request for Administrative Remedy (BP-9) filed by inmate **MOSHIER, Donald**, Reg. No. **10944-052**. Route your response through your associate warden and the camp administrator/legal liaison. Your response is due in the warden's office no later than **November 12, 2003**.

000414

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>10/29/03</i>
FROM: <i>Donald I. Mostien Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>None</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*DO TO my Hep C, AND THE WAY I've Been Feeling SICK AND Fatigue, I'm asking you TO Give me a medical Relieve From Having to Have A Job, I Have a very bad back also maybe in A year or so I'll Be able to work some where once I'm Receiving treatment, now even I was a orderly extra for A/B unit, But Mr. Morello Has decided to make a new rule of His own, as to where no one can be a orderly if they come out of the Box, now if you will NOT Give me this medical lieue, I Guess I'll Have TO Go to the Box until I'm better, SO will you please Help me, Please Respond ASAP
Thank you very much*

(Do not write below this line)

DISPOSITION:

I'll put you on hold until your next chronic care clinic & we can go from there - when can you go back to being an orderly?

Signature Staff Member

DR Beam

Date

*10/31/03*Record Copy - File; Copy - Inmate
(This form may be replicated via WP)H. BEAM, MD
FCI MCLEANThis form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

000415



BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>10/15/03</i>
FROM: <i>Donald L Mashien Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I request a copy of my lab results that was taken on 10/10/03 also a complete copy of all my medical records. Please respond

(Do not write below this line)

DISPOSITION:

**See attached
22 pages**

FCI McKean

Signature Staff Member <i>T. Peltz</i>	Date <i>10/21/03</i>	000416
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BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dr. Beam	10/15/03
FROM:	REGISTER NO.:
Donald C. Mostien Jr.	10924-052
WORK ASSIGNMENT:	UNIT:
extra orderly	AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I request a Geno type test done to determine what Geno type of HCV I have so an informative decision can be made on how to treat my disease. Please respond

(Do not write below this line)

DISPOSITION:

Reen 10/16/03
With order

Signature Staff Member

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)H. BEAM, MD
FBI/MAKEANE

10/16/03

000417

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>Donald C Moshién JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I request at this time to be vaccinated according to BOP policy for Hepatitis A. AS I have chronic HCV
Please respond*

(Do not write below this line)

DISPOSITION:

*seen 10/16/03
will check for previous
Hep A & B infections if
immunizing other needed
will arrange*

Signature Staff Member

10/16/03
H. BEAM, MO
FCI MCFARLAN

Date

*10/16/03**000418*Record Copy - File; Copy - Inmate
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BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dr Beam	10/15/03
FROM:	REGISTER NO.:
Donald L Mastien Jr	10924-052
WORK ASSIGNMENT:	UNIT:
extra orderly	AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Request A Viral Load HCV - RNA - PCR To Determine What my level of the virus is. Because patients with a low viral load respond better to HCV therapy with Interferon + Ribavirin.

Please Respond

(Do not write below this line)

DISPOSITION:

seen 10/16/03
will order

Signature Staff Member

HR
H. BEAM, MD
FCI MCKEAN

10/16/03

000419

Record Copy - File; Copy - Inmate
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This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dr Beam	10/15/03
FROM:	REGISTER NO.:
Donald L Moshiem Jr	10924-052
WORK ASSIGNMENT:	UNIT:
extra orderly	AB

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Request a Liver Biopsy To Determine the Health of my Liver, SO AN Informative EVALUATION ON my condition (HCV) CAN Be made, AS if weatthen to TREAT Right away - ALT Levels ONLY CAN predict INFLAMATION at the time of the Blood test - CAN'T Predict if a patient Has Fibrosis or Cirrosis
Please Response.

(Do not write below this line)

DISPOSITION:

seen 10/16/03
if needed will be done
preparatory work in progress

Signature Staff Member

H. BEAM, MD
FCI MCKEAN

10/16/03

000420

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>DONALD C Moshier Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra and only</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I request that you schedule me with psychology
for clearance to treat my HCV Disease.
Please respond.*

(Do not write below this line)

DISPOSITION:

*seen 10/16/03
will arrange - watch the callouts*

Signature Staff Member

IM Beam

Date

*10/16/03**000421*Record Copy - File; Copy - Inmate
(This form may be replicated via*H. BEAM, MD
FCI MCKEAN*This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr. Beam</i>	DATE: <i>10/2/03</i>
FROM: <i>DONALD L Moshier JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Have Hepatitis C.

Request to be VACCINATED

AGAINST Hepatitis A.

Please Respond

(Do not write below this line)

DISPOSITION:

From the envelope it looks like this got sent somewhere other than to medical. I'll see you on call out soon and start talking about Hep C and what needs to be done about it.

Signature Staff Member

H. Beam, MD

Date

10/8/03

000422

Record Copy - File; Copy - Inmate
(This form may be replicated via

*H. BEAM, MD
FCI MCKEAN*

This form replaces BP-148.070 dated Oct
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDfrm
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dr. Smith, Hospital Administrator	9/28/03
FROM:	REGISTER NO.:
DONALD L Moshier Jr	10924-052
WORK ASSIGNMENT:	UNIT:
extra orderly	A/B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I HAVE BEEN TESTED POSITIVE FOR HEPATITIS C. THIS EXPLAINS WHY I HAVE BEEN FEELING SICK ALL THE TIME. I REQUEST AT THIS TIME TO BE TREATED FOR THIS DISEASE, WITH PEGILATED INFONFERON/ RIBAVIRIN, ALSO THAT I BE PLACED ON CHRONIC CARE WITH NO MORE DELAYS AND HAVE MY BLOOD MONITORED REGULARLY. I HAVE BEEN FEELING SICK WITH PAIN UNDER MY RIGHT RIBS AND MY URINE HAS BEEN DARK BROWN AT TIMES. I ALSO REQUEST A LIVER PROFILE DONE AS SOON AS POSSIBLE. PLEASE RESPOND, THIS IS MY LIFE AND THIS DISEASE KILLS.

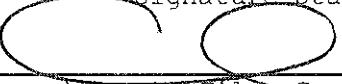
THANK YOU VERY MUCH
Donald L Moshier Jr

(Do not write below this line)

DISPOSITION:

ON CLINIC FOR THREE WIVES
10/16/03 @ 1230

FCI McKean

Signature Staff Member	Date	000423
 HSA	10-7-03	

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. BEAN	DATE: 9/28/03
FROM: DONALD L MOSHIER JR	REGISTER NO.: 10924-052
WORK ASSIGNMENT: extra orderly	UNIT: A/B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I HAVE BEEN TESTED POSITIVE FOR HEPATITIS C, THIS EXPLAINS WHY I HAVE BEEN FEELING SICK ALL THE TIME. I REQUEST AT THIS TIME TO BE TREATED FOR THIS DISEASE WITH PEGASATED INTEFERON / RIBAVIRIN, ALSO THAT I BE PLACED ON CHRONIC CARE WITH NO MORE DELAYS, AND HAVE MY BLOOD MONITORED REGULARLY. I HAVE BEEN FEELING SICK WITH PAIN UNDER MY RIGHT RIBS AND MY URINE HAS BEEN DARK BROWN AT TIMES, I ALSO REQUEST A LIVER PROFILE DONE AS SOON AS POSSIBLE. PLEASE RESPOND. THIS IS MY LIFE AND THIS DISEASE KILLS.

THANK YOU VERY MUCH.

Donald L Moshier Jr.

(Do not write below this line)

DISPOSITION:

watch the callouts for lab
tests

You have an appointment
on 10/16/03 @ 12:30
and can talk then

Signature Staff Member

Boat
H. BEAM, M.P.
FBI MCKEAN

9/30/03

00042A

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

Copy 1 of 2

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>9/22/03</i>
FROM: <i>Donald C. Mastien Sr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I request copies of my last blood tests,
performed here at FCI McKean,*

Put in on 9/22/03 at 2:30 pm

(Do not write below this line)

DISPOSITION:

*See Attached
2 pp.*

FCI McKean

Signature Staff Member


Date *9/25/03**00042*

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE

COPY 1 of 2

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
MC. DR. OLSON	9/17/03
FROM:	REGISTER NO.:
Donald Leroy Moshier Jr.	10924-052
WORK ASSIGNMENT:	UNIT:
	A/B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dr. Olson approximately 2 weeks ago I came in for bloodwork for a Hepatitis Test. I was told it would take approximately 6 to 8 days for the results to come in. As you can imagine I'm concerned about the results and want to find out as soon as possible. I would appreciate your attention to what's happening with my results. Also I've been attempting to get a back brace for some time now. In addition I would like to formally request a copy of my complete medical record. Thank you for your attention and I await a response.

(Do not write below this line)

DISPOSITION:

You will be placed on callout to see Dr. Bean to discuss your lab tests

F (I) mckean

Signature Staff Member	Date
<u>J. C.</u>	9/18/03
000426	

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

POST-TEST: Seronegat

- 1. Explain purpose of session.
- 2. Review confidentiality.
- 3. Test Information

10924-052

Moshier

- a. Inform patient of negative test result.
- b. Explain purpose of test.
- c. Identify remaining risks.
- d. Explain inability of test to detect early infections. (false negatives)

- 4. Explain risk reduction behaviors (high risk)
- 5. Discussed follow-up testing (high risk)
- 6. Give additional education material if requested.
- 7. Patients Reactions/Level of Understanding/Comments

I understand the above information.

Darell Molin

Signature of Inmate

4/30/03

Unlesman

Signature of Staff Counselor

Date

Seropositive Post-Test Counseling

- 1. Confidentiality review.
- 2. Patient informed of results of test by physician.
- 3. Patient referred to the psychology department for follow-up counseling.

Signature of Inmate

Signature of Staff Counselor

Date

END FORM

000427

FCI McKean
Inmate Sick Call Sign-Up Sheet
 (Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:
 (Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald L. Moshier Jr
 (Nombre)
2. Reg. Number: 10924 - 052
 (Numero de Registro)
3. Date: 11/27/02
 (Fecha)
4. Housing unit and Unit Team: A18 TEAM: A B C D
 (Unidad y equipo de la unidad)
5. Complaint. What is your problem ?
 (Queja). (Cual es su problema?)
I Have a Really Bad Cold
Some Mucus, and Bad Cough Heart aches
6. How long have you had this problem?
 (Durante cuante tiempo ha tenido este problema?)
 Days 2 Months _____ Years _____
 Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No
 (Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
 (Ha comprado medicinas non-prescripcion en la Comisaria?)
 Yes _____ No
9. Signature Donald L. Moshier Jr
 (Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: _____
11. Time Seen: _____
12. Subjective: _____

13. Objective: Temp. _____ Pulse _____ Respirations _____ B/P _____
13. Appointment Date: Mon Dec 4th Appointment Time 8:30
14. Triage Personnel's Signature: Officer B. C. B.

000428

FCI McKeanInmate Sick Call Sign-Up Sheet
(Formulario y Registro para Atencion Medica de Confinados)

02 AUG 29

INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald C Mosher Jr
(Nombre)

2. Reg. Number: 18924-052
(Numero de Registro)

3. Date: 8/28/02
(Fecha)

4. Housing unit and Unit Team: A/B TEAM: A B C D
(Unidad y equipo de la unidad)

5. Complaint. What is your problem?
(Queja). (Cual es su problema?)
MY EARS I CAN'T EVEN HEAR OUT OF
MY LEFT EAR NOW, AND THEY BOTH HURT
ALL THE TIME, AND I CAN'T

6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days 2 Months 6 Years 0
Dias (Meses) (Anos)

7. Are you on any medication(s) at present? Yes No X
(Esta usted tomando alguna(s) medicinas actualmente?)

8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescripcion en la Comisaria?)
Yes No X

9. Signature Donald C Mosher Jr
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: _____

11. Time Seen: _____

12. Subjective: _____

13. Objective: Temp. _____ Pulse _____ Respirations _____ B/P _____

13. Appointment Date: 9/9/02 Appointment Time 10:30

14. Triage Personnel's Signature: J. DeLeon

000429

Specimen#	Yrs	Primary Lab	Report Status	Pg
283-844-2368-0	S	CB	Final	1
Time 0630 Additional Information				

CD- 53099351380

Patient Name	Sex	Age (Yr/Mo)
MOSHIER, DONALD	M	042/01

Pat. Addr.

Date Collected	Date Entered	Date Reported	
10/10/03	10/11/03	10/11/03	0581

Clinical Information



Laboratory Corporation of America® Holdings

Fasting: N

Physician ID	Patient ID
BEAM H	10924-052

Accepted: FEDERAL CORRECTIONAL INSTITUTE 37806845

MCKEAN COUNTY

RT 59 & BIG SHANTY ROAD
LEWIS RUN, PA 16738
814-362-8900

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HEPATIC FUNCTION PANEL (7)					
Protein, Total, Serum	7.1		g/dL	6.0 - 8.5	CB
Albumin, Serum	4.1		g/dL	3.5 - 5.5	CB
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	CB
Bilirubin, Direct	0.15		mg/dL	0.00 - 0.40	CB
Alkaline Phosphatase, Serum	64		IU/L	25 - 150	CB
AST (SGOT)	69	H	IU/L	0 - 40	CB

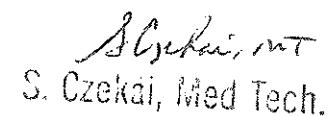
This serum sample was in contact
with the red cells when received.

This may adversely affect serum
Chemistries.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
ALT (SGPT)					
BUN	15		mg/dL	0 - 40	CB
Creatinine, Serum	1.0		mg/dL	5 - 26	CB
BUN/Creatinine Ratio	15		mg/dL	0.5 - 1.5	CB
				8 - 27	

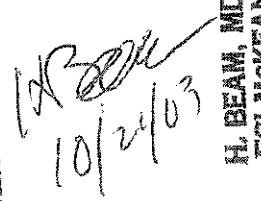
Lab: CB LABCORP DUBLIN Director: ROSE GOODWIN, MD
6370 WILCOX ROAD DUBLIN, OH 43016-1296

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061
Last Page of Report



S. Czekai, Med Tech.

REVIEWED BY:



H. Beam, MD
ECI MCKEAN
10/24/03

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MOSHIER, DONALD

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000430

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 10924-052 Age : 42yr
Name : MOSHIER JR, DONALD Sex : M
Location : MCK Accession Number : 1787
Admit. Physician: BEAM, MD
Order. Physician: BEAM, MD
Collected : 02/12/04 @ 08:45

Test	Result	Flag	Reference Range/Units	Tech
LIVER PROFILE				
Urea Nitrogen	15		7 - 22 mg/dL	RS CK
Creatinine	1.0		0.6 - 1.6 mg/dL	RS CK
Total Protein	7.5		6.0 - 8.2 g/dL	RS CK
Albumin	4.0		3.6 - 5.1 g/dL	RS CK
Alkaline Phos.	63		41 - 133 U/L	RS CK
AST (SGOT)	68		11 - 55 U/L	RS CK
LDH	397		354 - 705 U/L	RS CK
Total Bilirubin	0.40		0.20 - 1.30 mg/dL	RS CK
A/G Ratio	1.13		1.00 - 2.30	RS CK
Globulin	3.5		2.0 - 3.7 g/dL	RS CK
ALT1 (SGPT)	115		11 - 66 U/L	RS CK
Direct Bilirubin	0.30		0.00 - 0.50 mg/dL	RS CK
Gamma GT1	54		8 - 78 U/L	RS CK
Bilirubin Unconj	0.1		0.0 - 1.1 mg/dL	HS CK
Bun/Creat Ratio	15.8		5.0 - 30.0	RS CK
Bilirubin Conjug	0.00		0.00 - 0.30 mg/dL	RS CK

Slyhamont
S. Czakai, Med Tech.

Legend:

BL=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : MOSHIER JR, DONALD
Register Number : 10924-052
Printed : 02/13/2004 @ 16:28

Location : MCK
Page : 1 of 1

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 10924-052 Age : 42yr
Name : MOSHIER JR, DONALD Sex : M
Location : MCK Accession Number : 8912
Admit. Physician: BEAM, MD
Order. Physician: BEAM, MD
Collected : 05/12/04 @ 06:20 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.	Fasting			TC
INPTD TREATING				
LIVER PROFILE				
Glucose	177	O		
Urea Nitrogen	12	HI	70 - 110 mg/dL	LN CK
Creatinine	1.0		7 - 22 mg/dL	LN CK
Total Protein	7.4		0.6 - 1.6 mg/dL	LN CK
Albumin	3.8		6.0 - 8.2 g/dL	LN CK
Alkaline Phos.	68		3.6 - 5.1 g/dL	LN CK
AST (SGOT)	93	HI	41 - 133 U/L	LN CK
LDH	400		11 - 55 U/L	LN CK
Total Bilirubin	0.60		354 - 705 U/L	LN CK
Cholesterol	114		0.20 - 1.30 mg/dL	LN CK
Triglycerides	169	LO	140 - 200 mg/dL	LN CK
A/G Ratio	1.04		30 - 200 mg/dL	LN CK
Globulin	3.6		1.00 - 2.30	LN CK
ALT1 (SGPT)	129	HI	2.0 - 3.7 g/dL	LN CK
Direct Bilirubin	0.20		11 - 66 U/L	LN CK
Gamma GT1	54		0.00 - 0.50 mg/dL	LN CK
Bilirubin Unconj	0.4		8 - 78 U/L	LN CK
Bun/Creat Ratio	12.0		0.0 - 1.1 mg/dL	HS CK
HDL-Cholesterol	22	LO	5.0 - 30.0	LN CK
Other Factors	unitless		29 - 67 mg/dL	LN CK

Other factors critical to assessment of CHD risk - Overweight, Blood Pressure, Smoking and Familial History.

VLDL	34	mg/dL	HS	CK
LDL Cholesterol	58	LO	62 - 130 mg/dL	HS CK
Chol/HDL Ratio	5.2	HI	3.4 - 5.0	HS CK
Glycohemoglobin	4.9		4.3 - 6.3 %A1C	LN CK
Bilirubin Conjugated	0.00		0.00 - 0.30 mg/dL	LN CK

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High

Name : MOSHIER JR, DONALD
Register Number : 10924-052
Printed : 05/13/2004 @ 17:06

Location : MCK
Page : 1 of 1

000432



LabCorp Dublin
6370 Wilcox Road
Dublin, OH 43016-1296

Patient Name MOSHIER, DONALD		Patient ID 10924 052	
Sex M	Date of Birth 08/18/61	Age (Y/M/D) 42/11/01	Fasting
Patient Phone			
Additional Information			
Date and Time Collected 07/19/04 08:15	Total Volume	Date and Time Reported 07/27/04 15:11 ET	Tests Ordered

Specimen Number 201-844-1529-0		Account Number 37806845	Control Number AK537806845
Physician Name Dr. Beam		Physician ID BEAM	
Account Federal Correctional Institute		00	
McKean County Rt 59 & Big Shanty Road Lewis Run PA 16738 814-362-8900			

Hepatitis C Virus Genotyping

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL LAB
-------	--------	------	-------	------------------------

Hepatitis C Virus Genotyping

Hepatitis C Genotype

3e

see Note

TG

This assay can detect the six (6) major HCV Genotypes and their most common subtypes.

Several clinical studies have demonstrated that Genotype 1 HCV may be more refractory to interferon monotherapy as well as to interferon plus ribavirin combination therapy. Sustained response rates are increased for Genotype 1 infected patients when therapy is given for 48 weeks instead of 24 weeks.

TG

Please note:

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin
6370 Wilcox Road, Dublin, OH 43016-1296

Dir: Rose Goodwin, MD

TG: LabCorp RTP
1912 Alexander Drive, RTP, NC 27709

Dir: Myla Lai-Goldman, MD

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061

S. Czekai, MT
S. Czekai, Med Tech.

BEAM
H. BEAM, MD
FCI MCKEAN

7/27/04

MOSHIER, DONALD

10924 052

201-844-1529-0

Seq # 1081

Page 1 of 1

FINAL REPORT

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Ver: 1.00

000433

ST. JOHN'S REGIONAL HEALTH CENTER
1235 E. Cherokee ~ Springfield, Mo. 65804

CLINICAL LABORATORY
Periodic

Name: MOSHIER, DONALD
SJRHC MRN: J0003117849 10924-052
Birthdate: 08/18/1961
Age / Sex: 42 Years Male
Pt. Fin No: 420301408

Client: St. John's Regional Health Center
Location: MC SensitiveLOU
Order Physician:
Copy To:
Admit Physician: Federal Medical Center, 000-00-9999

CHEMISTRY

General Chemistry

Collection Date 07/19/2004
Time 08:10

Test Name	Reference Range	Units
Ferritin	[17.9-464.0]	ng/mL

07/19/2004 08:10:00 Ferr:
WARD MCK
ACCT # 5287
INMATE # 10924-052

102
101
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S. Czekai, MT
S. Czekai, Med Tech.

C Critical Result
* Abnormal Text Result
@ Corrected Result
^ Footnote / Result Comment

Periodic

REVIEWED BY

W. B. MCKEEAN
W. B. MCKEEAN
7/29/04

Printed: 07/29/04 05:05
Page 1 of 1

000434

Ch 2/04
112

To:



LabCorp Dublin
6370 Wilcox Road
Dublin, OH 43016-1296

Phone: 614-889-1061

Patient Name MOSHIER, DONALD		Patient ID 10924 052		
Sex M	Date of Birth 08/18/61	Age (Y/M/D) 42/11/01	Fasting	Patient Phone
Additional Information				
Date and Time Collected 07/19/04 08:15		Total Volume	Date and Time Reported 07/24/04 08:06 ET	

Specimen Number 201-844-1526-0	Account Number 37806845	Control Number AK437806845
Physician Name <i>D. Beam</i>	Physician ID BEAM	
Account Federal Correctional Institute 00		
McKean County Rt 59 & Big Shanty Road Lewis Run PA 16738 814-362-8900		

HCV QuantaSure Plus(Non-Graph)

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL LAB
-------	--------	------	-------	------------------------

HCV QuantaSure Plus(Non-Graph)

International Units

7,270,000

IU/mL

TG

TG

Please note:

This test measures HCV RNA using real-time Polymerase Chain Reaction (PCR) technology. The assay was developed and its performance characteristics were determined by Labcorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin

Dir: Rose Goodwin, MD

6370 Wilcox Road, Dublin, OH 43016-1296

Dir: Myla Lai-Goldman, MD

TG: LabCorp RTP

1912 Alexander Drive, RTP, NC 27709

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FINAL REPORT

Page 1 of 1

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